APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/49,184 08/27/2003 Brian A. Sullivano WT0140 1255 TITLE OF INVENTION: BALL GLOVE WITH REINFORCED FINGER STALLS AND A WRIST PANEL WITH SPACED-APART PADDING APPLN. TYPE SMALL ENTITY ISSUEFEE PUBLICATION FEE TOTAL FEE(5) DUE DATE DUE nonprovisional NO \$1330 \$330 \$330 \$77/19/2004 EXAMINER ART UNIT CLASS-SUBCLASS WEICH, GARY L 3765 002-019-000 1. Change of correspondence address or indication of "Fee Address" (37 CFR L363). Change of correspondence address (or Change of Correspondence Address from PT0/SB/22) stacked. O'Rea Address' indication or "Toe Address" (ndication form PT0/SB/27) Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (prior or type) PLEASE NOTE: Unless an assigner is identified below, no assignee data will appear on the patent inclusion of assignee data is only appropriate when an assignment been previously submitted to the USP TO or is being submitted under separates cover. Completion of this form is NOT a arbitrator for filing an assignment. (A) NAME OF ASSIGNEE (B) ROSE Co. Chillago, Titinois Please check the appropriate assignee cutegory or categorists (will not be printed on the patent); O individual Accorporation or other private group entity O govern 4A. The following foce) are eaclosed: 4b. Payment of Fee(5): is enclosed. Phyment by credit card, Form PTO-2038 is anached. The Director is hereby subhorized by charge the required fee(6), or credit my overpayment. Deposit Account Number 520/357 (checkee an extra copy of this form).	Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Faterns Commissioner Commissioner for faterns Commissioner for f	5/18/2004 09:09	FAX 773 714 45	57	AMER S	PORTS	5		Ø 001
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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/649,184 08/27/2003 Brian A. Sullivano WT0140 5255 TITLE OF INVENTION: BALL GLOVE WITH REINFORCED FINGER STALLS AND A WRIST PANEL WITH SPACED-APART PADDING APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 \$67/19/2004 EXAMINER ART UNIT CLASS-SUBCLASS WELCH, GARY L 3765 002-019000 1. Change of correspondence address or indication of "Fee Address" (37 agents) as member a regulated patent attorneys or agents (10 the names of up to 3 registered patent attorneys or agents (17 files W 30-20 or more recent) attached. Use of a Customer Number is required. 1. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent, inclusion of filing an assignment been proviously submitted under separate cover. Completion of this form is NOT a submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a submitted to the filing an assignment. (A) NAME OF ASSIGNEE (CITY and STATE OR COUNTRY) WILSON Sporting Gaods Co. Chicago , Illino's Composition or other private group entity povername. The collowing foc(s) are enclosed: 40. Psyment of Fec(s): Chicago , Illino's Ceredit any overpayment of the fee(s) is caclosed. Psyment of Fee(s): Chic	APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/649,184 08/27/2003 Brian A. Sullivano WT0140 3255 TITLE OF INVENTION: BALL GLOVE WITH REINFORCED FINGER STALLS AND A WRIST PANEL WITH SPACED-APART PADDING APPLIN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FREE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 \$07/19/2004 EXAMINER ART UNIT CLASS-SUBCLASS WELCH, GARY L 3765 002-019000 Change of correspondence address or indication of "Fee Address" (37 27 28 28 28 28 28 28 28 28 28 28 28 28 28	• • • • • • • • • • • • • • • • • • • •					Tereso	e P.OBMEN	(Department us
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